



Board Meeting March 28, 2022 at 5:30 pm via ZOOM Minutes

Decision Making Framework

NDMH is committed to ensuring decisions and practices are ethically responsible and align with our vision, mission, values, philosophy and strategic directions. All decision makers should consider issues from an ethics perspective, including their implications of patients/residents and their families, staff and the community.

The following questions should be considered for each issue:

- 1 Does the decision put **Patient's First** by responding respectfully to needs, values and preferences of our patients/residents and their families, our communities and by considering input from our Patient/Resident and Family Advisory Council?
- 2 Does the decision support the pursuit of high **Quality** care through the adoption of best practices and innovation?
- 3 Does the decision demonstrate **Accountability** by advancing a high quality patient/resident experience that is socially and fiscally accountable?
- 4 Does the decision demonstrate **Respect** by honoring the uniqueness of each individual and the diversifying natures of our communities?
- 5 Does the decision foster **Compassion, Fairness, Integrity and Teamwork**?

Agenda

Time	Presenter	Item & Purpose					Expected Outcome	Page #
		R: Recommendation	D: Decision/Action	E: Education	D: Discussion	I: Information		
1.0 Roll Call								
Membership			O	T	V	R	A	
Nancy Gladun, Interim Chair			X					
Ed Wawia, Director					X			
Eric Rutherford, Director			X					
Gordon Mackenzie, Director					X			
James Foulds, Director					X			
Robert Beatty, Director					X			
Vacancy								
Non-Voting Membership			O	T	V	R	A	
Cathy Eady, CEO					X			
Madison Boudreau, CNE			X					
Lauren Haskell, CFO			X					
Shannon Jean, Director, NDFHT			X					
Dr. Ravi Dhaliwal, Chief of Staff (joined 5:30)					X			
Dr. Doug Scott, Physician Lead								X
Dr. Robert Foulds, Pres., MAC								X
Janice Nicol Vella, EA/Bd Liaison			X					

Guests: Maddie Alexrod, Adam Guy, Marnie MacPhee joined at 3:30 (regular meeting) until 4:30 p.m. (in-camera).

Dr. R. Dhaliwal joined at 5:30 p.m., after the in-camera portion of the meeting.

	Presenter	Item & Purpose			Expected Outcome	
		R: Recommendation	D: Decision/Action	E: Education		
2.0 Call to Order at 3:33 p.m.						
2.1	N. Gladun	Indigenous Land Acknowledgement Protocol/Opening Remarks				
		<i>Welcome and boozhoo. We acknowledge the Indigenous Peoples of all the lands that we are on today. While we meet today in-person and/or on a virtual platform, let's take a moment to acknowledge the importance of the land, which we each call home.</i>				
		<i>We do this to reaffirm our commitment and responsibility in improving relationships between nations and to improving our own understanding of local Indigenous peoples and their cultures.</i>				
<i>We acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home, and acknowledge the territory of the Ojibwe/Chippewa/Anishnaabe, Oji-Cree and Mushkegowuk/Cree peoples of Northwestern Ontario, the traditional territory of the Anishinaabe peoples of the Robinson-Superior Treaty, Treaty 9 and Treaty 5.</i>						

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		<i>Please join in a moment of reflection to acknowledge the harms and mistakes of the past and to consider how we can each, in our own way, move forward in a spirit of reconciliation and collaboration. Thank you, miigwetch.</i>	
2.2	N. Gladun	<u>Quorum</u> With 6/6 members present, quorum was met	
Adjournment to In-Camera			
8.1	N. Gladun	The in-camera portion of the meeting was moved ahead of the regular board meeting to facilitate guest participation and discussions with the board. Adjourn to in-camera: Motion: E. Rutherford Second: R. Beatty Opposed: None <i>"That the Board of Directors move to in-camera at 3:34 p.m." CARRIED.</i>	
2.3	N. Gladun	<u>Conflict of Interest</u> A conflict was declared by N. Gladun regarding agenda item 6.3.	
2.4	N. Gladun	<u>Election for Chair of the Board of Directors, Motion #1</u> Motion: J. Foulds Second: E. Rutherford Opposed: None <i>"That Nancy Gladun be elected to serve as the Chair of the NDMH and NDFHT Board of Directors until the next Annual General Meeting."</i>	
2.5	N. Gladun	<u>Additions/deletions to agenda, approval of agenda, Motion #2</u> The in-camera portion of the meeting was moved ahead of the regular meeting to allow for guest participation. Section 6 has been renumbered as reflected in the minutes, and 6.10 should have the heading 'Strategic Plan 2022-2023, Q3, Q4.' Motion: E. Wawia Second: G. Mackenzie Opposed: None <i>"That the agenda for the NDMH and the NDFHT Board of Directors meeting for March 28, 2022 be accepted as revised." CARRIED.</i>	
3.0 Education / Presentation			
3.1	G. Fox	<u>Education: G. Fox – Hypertension</u> G. Fox's presented to the board on the topic of hypertension. Discussion coming from the presentation was related to programming for primary care, the emphasis on the causes, and whether more should be done in our community (program, education, and without a family physician) and that the Canadian hypertension program is online. The board discussed paying more attention to hypertension programming and other issues; to 'get the ball rolling'. The CoS added that a program could help a lot of people, that simple appointments become longer (due to hypertension issues). upstream counselling would help even those with family physicians.	
3.2	S. Jean	<u>Patient/Resident Story</u> A story regarding an event was shared where the FHT had planned a vaccine walk-in clinic and despite making what they felt were some mistakes (overordered vaccine...), they felt deflated after the event. The FHT received several compliments from community members, which was a morale boost.	
3.3	M. Boudreau	<u>Presentation: Board Accreditation Preparation</u>	

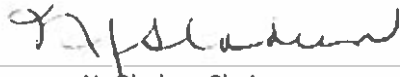
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	<p>Participating in person: Gladun, G. Mackenzie, R. Beatty, with the following members away: E. Wawia, J. Foulds, E. Rutherford</p> <p>Additional information was provided as follows: NDMH has had 12 COVID in-patients on acute care over the last year, the Strategic plan has had good movement on initiatives despite pandemic (e.g. infrastructure, Ambutrans/ Stable Patient Transfer), and some concerns regarding Worklife pulse survey have been addressed.</p> <p>Challenges: reputational risk regarding terminations, increase in ONA grievances in the last year and we may have some follow-up around ROP's.</p> <p>It was requested that the nursing vacancies and physician shortage be identified as a challenge (working with 3/5 physicians).and asked that in hospital information, to clarify/divide bed numbers between acute and LTC.</p> <p>Specific questions can be brought to M. Boudreau.</p>	
4.0	Meeting Minutes	
4.1	N. Gladun	<p><u>NDMH Board Meeting Minutes, February 28, 2022, Motion #3</u></p> <p>Motion: J. Foulds Second: E. Wawia Opposed: None</p> <p><i>"That the minutes for the NDMH Board meeting for February 28, 2022 be accepted as presented."</i> CARRIED.</p>
4.3	N. Gladun	<p><u>MAC Meeting Minutes</u></p> <p>The MAC did not have quorum in February or March and the MAC minutes will be brought to the board once approved.</p>
5.0	Generative	
5.1	N. Gladun	<p><u>Board Chair Report, Regional Services Council</u></p> <p>The interim board chair will contact J. Logozzo regarding the RSC.</p>
5.2	C. Eady	<p><u>Senior Management Report, March 2022, Motion #5</u></p> <p>The CNE clarified the March 14 deadline for 'full vaccination', which potentially has one person affected. The CEO added that with the OHA/regional perspective, and without guidance from OHA yet, CEO's across the region agreed to either 2-3 vaccines and litigation is taking place at two sites. We have sought evidence to support the 3-dose requirement, and the Sr. team is discussing further. The revised policy was included in the package, and we will ask the board to review the current policy, which may see further revisions. MB clarified the BRHS NP will do the actual orientation at BRHS.</p> <p>Moved: E. Wawia Seconded: J. Foulds Opposed: None</p> <p><i>"That the Senior Management Report for March 2022, be accepted as presented."</i> CARRIED.</p>
5.3	R. Dhaliwal	<p><u>Chief of Staff Report, March 2022, Motion #6</u></p> <p>The Chief of Staff advised the board of the following: Red Lake ER has closed for 24 hours. NDMH is awaiting responses around letters of intent for physicians. A second trauma simulation was conducted and more are expected to take place with more staff. They are showing to be beneficial, and having them be conducted in our own trauma room has been great. Regarding program development, program design is required though the Dr's group isn't able to with the shortage. Burnout and errors were identified as risks regarding the physicians and ER</p>

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	<p>coverage where locums have helped as have the Nurse Practitioners. It was noted that the group is mandated to see any patient, rostered or not. There hasn't been a MAC meeting since there hasn't been quorum.</p> <p>The NDFHT ED added that our group is managing with 3/5 physicians, the same number of catchment area as Red lake (which as 5/7 physicians). The CEO added that there is a group lobbying MPP's, and correspondence expected by Mar 31 going to OHN, OMA, OHA regarding the physician shortage in the north and while this particular letter focuses on Emergency Department closures and physician the interdisciplinary team shortage issues may come later.</p> <p>The CoS also advised that over next few months, 'open shifts' will be reported to the ministry, which will help make the public/ministry aware of how close we are to an ED closure. and the dr. group will after so many shifts will be left 'open', so they are reported to the ministry and show that the shifts to</p> <p>Moved: R. Beatty Seconded: G. Mackenzie Opposed: None <i>"That the Chief of Staff report for March 2022, be accepted as presented."</i> CARRIED.</p>	
6.0	Strategic	
6.1	N. Gladun	<p><u>Board Member Recruitment Plan and Progress</u> The board was advised of the recruiting activity to date.</p>
6.2	C. Eady	<p><u>NDMH 2022-2023 QIP, Motion #8</u> C. Eady outlined the revisions to the 2022-2023 Quality Improvement Plan, the revised and new objectives. Regarding the workplace violence prevention program, a committee will be established along with a workplan where they will track the number of incidents, establish trending, and an improvement plan, by January 2023. This will be a process measure and executive compensation will be tied to it.</p> <p>Motion: E. Wawia Second: G. Mackenzie Opposed: None <i>"That the NDMH Quality Improvement Plan be accepted as presented."</i> CARRIED.</p>
6.3	C. Eady	<p><u>NDMH QIP and Executive / CoS Compensation, Motion #9</u> Motion: J. Foulds Second: R. Beatty Opposed: None</p> <p><i>"That the NDMH CEO, CFO, CNE, and Chief of Staff compensation tied to the 2022-2023 QIP be as follows: 1) Reduction of Workplace Violence objective: 100%, rate: 1% and 2) Mental Health Readmissions objective: 1.25, rate 1%. Upon successfully achieving the objectives for 2022-2023, the compensation tied to the QIP is paid out through a motion by the board.</i> CARRIED.</p>
6.4	M. Boudreau	<p><u>NDMH OHS 01 Review, Motion #10</u> In a recent development, workplace violence prevention has been removed as mandatory requirement from the QIP.</p> <p>Motion: E. Rutherford Second: E. Wawia Opposed: None <i>"That NDMH policy OHS 01 be accepted as presented."</i> CARRIED.</p>

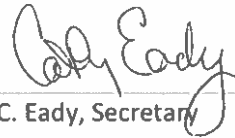
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6.5	M. Boudreau	<p><u>NDMH OHS 71 - Review, Motion #11</u></p> <p>It was decided to defer this item to the next meeting and the board was asked to do a 'pulse check' regarding the issue instead. There was concern regarding a mandatory policy, in favour of inoculation, but also to respect others do not wish to be vaccinated, including practicing physicians, and there is hesitation regarding the dismissal of employees).</p> <p>The CEO explained that recently we moved to only suspend an employee until a decision could be made regarding mandatory vaccination and that particular directive isn't there any more so the decision is left to organizations. The CNE indicated that the ministry is revoking the mandatory req's so facilities can amend policies as they see fit. Board members had varying views on the mandatory vaccine: from noting that as a Ministry-funded facility, we should support the ministry, that we shouldn't 'go out on our own', and encouraging vaccinations, to erring on side of inclusion and being extremely uncomfortable requiring vaccination for those who don't want the vaccine. The question was asked if there are there are other means to mitigate this issue for such a small percentage of people.</p> <p>The CoS added that the organisation has achieved 95% staff vaccination through these mandates and suggested rates be looked at, then a threshold could be decided upon (e.g. 70% unvaccinated), which was noted as something to consider. Another was to adopt a policy similar to influenza vaccine (if sick, off without pay).</p> <p>A question was asked regarding the vaccination requirements for new hires. The NDMH policy currently requires full-vaccination, so there is a question about how to go forward. The board was advised that both unions have filed grievances, likely to go to arbitration, and two hospitals have lawsuits due to terminations. The board was concerned about changing the requirements again, that from a legal perspective it's difficult to support. Regarding NDMH, it was clarified that one termination had a Ministry directive in place requiring full-vaccination, and the recent employee suspension was conducted when the Ministry directive is no longer in place.</p> <p>It was added that the rules affect not only employees but also contractors, volunteers and that NDMH is a unique facility, having LTC and being ELDCAP funded. The board was advised that the 2/3 of ELDCAP facilities (in our area) have mandatory vaccinations, and at NDMH, staff intermingle/work across acute and LTC, whereas other sites they are separate. This motion was deferred to the next meeting.</p>	
6.6	C. Eady	<p><u>NDMH ADM 30 Review, Motion #12</u></p> <p>No changes to this policy, but attention was pointed to Appendix A, which outlines the decision-making framework and that this can be used when having a difficult time making decisions. We have this on our agenda, and there are further tools to use.</p> <p>Motion: J. Foulds Second: R. Beatty Opposed: None <i>"That NDMH policy ADM 30 be accepted as presented."</i> CARRIED.</p>	
6.7	C. Eady	<p><u>NDMH ADM 35 Review, Motion #13</u></p> <p>Modified to encompass ERM/risk registry and the heat map.</p> <p>Motion: G. Mackenzie Second: E. Wawia Opposed: None <i>"That NDMH policy ADM 35 be accepted as presented."</i> CARRIED.</p>	

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6.8	C. Eady	<u>NDMH Communications Plan, Motion #14</u> Motion: R. Beatty Second: G. Mackenzie Opposed: None <i>"That NDMH Communications Plan be accepted as presented."</i> CARRIED.	
6.9	C. Eady	<u>NDMH Operational Plan, 2022, Motion #15</u> Motion: G. Mackenzie Second: J. Foulds Opposed: None <i>"That the NDMH Operational Plan be accepted as presented."</i> CARRIED.	
6.10	C. Eady	<u>NDMH Strategic Plan Q3, Q4, Motion #16</u> Only the Q3/Q4 updates are included here, reflective of the scorecard. Motion: E. Wawia Second: R. Beatty Opposed: None <i>"That the NDMH Strategic Plan be accepted as presented."</i> CARRIED.	
6.11	C. Eady	<u>NDMH Business Continuity Plan, Motion #17</u> This is a plan that identifies how we would facilitate the continuation of business if something in our operations was affected. The board identified the same issues as the CEO regarding updates (the HCC, and 'full evacuation'). The board noted that regarding heating in winter that two days may not be enough, and were concerned about water availability, that one week of food inventory may not be enough. The board was advised that in addition to making our own oxygen, NDMH will be able to refill our own oxygen cylinders shortly. Motion: E. Rutherford Second: G. Mackenzie Opposed: None <i>"That the NDMH Business Continuity Plan be accepted as amended."</i> CARRIED.	
6.12	C. Eady	<u>Update: City and District of Thunder Bay emerging OHT, Full Application, Motion #18</u> Provided under separate cover, a draft of the Full Application and the briefing note were provided to the board, along with a request to approve as a signatory for the Full Application. Motion: G. Mackenzie Second: J. Foulds Opposed: None <i>"That the NDMH and NDFHT Board of Directors endorses the Full Application, as an OHT Signatory, for the City and District of Thunder Bay OHT and Regional Specialized Services Structure/OHT."</i> CARRIED.	
7.0	Fiduciary		
7.1	L. Haskell	<u>NDMH Salaries and Benefits Attestation</u> L. Haskell advised the board that the 2021 NDMH attestation was submitted.	
8.0	Adjournment to In-Camera Meeting		
8.1	N. Gladun	Item 8.1 was moved after agenda item 2.2.	
9.0	Adjournment		
9.1	N. Gladun	Return to regular board meeting	
9.2	N. Gladun	<u>Meeting evaluation</u>	

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		We are looking to increase the number of evaluations that are completed and returned. This months' evaluation can be filled out, saved and emailed back to J. Nicol. We expect that board members will have an online survey available to them in the near future.	
9.3	N. Gladun	<p><u>Adjournment. The next meeting on April 25, 2022 at 5:30 p.m., Motion #20</u></p> <p>Before adjourning, a question was raised regarding the recognition of the previous board chairs' service. Suggestions and ideas can be brought to the chair or CEO.</p> <p>Motion: J. Foulds Second: G. Mackenzie Opposed: None <i>"That the Board of Directors meeting be adjourned at 8:01 p.m. CARRIED.</i></p>	



N. Gladun, Chair



C. Eady, Secretary